

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 04, 2009
Secretary of State

DOCUMENT# 727712

Entity Name: PORTO FINO GARDENS ASSOCIATION, INC.**Current Principal Place of Business:**1100 SE 4TH AVE
DEERFIELD BEACH, FL 33441 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 8730
DEERFIELD BEACH, FL 33443 US**New Mailing Address:****FEI Number:** 59-1578920**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RATLIFF, CARY L
700 S.E. 2ND AVE.
#415
DEERFIELD BEACH, FL 33441 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CAPETTINI, ROGER
Address: 1100 SE 4TH AVE #24
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S/T () Delete
Name: CALDARERA, MILDRED
Address: 1100 SE 4TH AVE #35
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP () Delete
Name: LEONARDIS, CAROL
Address: 1100 SE 4TH AVE #3
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DIR. (X) Delete
Name: ANDERSON, MICHAEL
Address: 1100 SE 4TH AVE #37
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DIR. (X) Delete
Name: LAURO, FRANK
Address: 1100 SE 4TH AVE. #29
City-St-Zip: DEERFIELD BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEONARDIS, CAROL
Address: 1100 SE 4TH AVE. #3
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DIR (X) Change () Addition
Name: LAURO, FRANK
Address: 1100 SE 4TH AVE #29
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER CAPETTINI

PRES

11/04/2009

Electronic Signature of Signing Officer or Director

Date